



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST VINCENT HOSPITAL & HEALTH SERVICES (INDIANAPOLIS)

City of Hospital: Indianapolis

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0084

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2428065285
Outpatient Patient Service Revenue	\$1583033595
Total Gross Patient Service Revenue	\$4011098880

2. Deductions From Revenue

Contractual Allowance	\$2723142996
Other Deductions	\$0
Total Deductions	\$2723142996

3. Total Operating Revenue

Net Patient Service Revenue	\$1287955885
Other Operating Revenue	\$106807893
Total Operating Revenue	\$1394763778

4. Operating Expenses

Salaries and Wages	\$363539096	Employee Benefits	\$99751027
Depreciation and Amortization	\$29903360	Interest Expense	\$5886598
Bad Debt	\$14668845	Other Expenses	\$645041123
Total Operating Expenses	\$1158790049		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$233841547	Total Assets	\$665463782
Net Non-operating Gains over Loss	\$-1442521	Total Liabilities	\$443078579

Total Net Gains	\$232399026
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1550634760	\$1230751000	\$319883760
Medicaid	\$886889194	\$705888779	\$181000415
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1573574927	\$786503217	\$787071710
Total	\$4011098881	\$2723142996	\$1287955885

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$600702	\$1691805	\$-1091103

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$2760683	\$-2760683
Hospital Patients	\$0	\$554054	\$-554054
Community Education	\$0	\$964905	\$-964905

Number of Medical Professionals Trained	1889
Number of Hospital Patients Educated	37532
Number of Citizens Exposed to Health Education Messages	28370

Statement Six: Charity Statement
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Hospital Charity Charges	\$138858290
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$36871488	
HCI Payments	\$0		
Subtotal	\$0	\$36871488	\$-36871488
Medicaid Shortfalls	\$205814991	\$287001447	
Subtotal	\$205814991	\$323872935	\$-118057944
DSH Payments	\$0		
Subtotal	\$205814991	\$323872935	\$-118057944
Medicare Shortfalls	\$322964808	\$396601313	
Other Government Programs	\$0	\$0	
Total	\$528779799	\$720474248	\$-191694449

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$3695951	\$-3695951
Community Assessment	\$0	\$21928253	\$-21928253
Provision of Taxes	\$0	\$55475409	\$-55475409
Other Allocations	\$0	\$0	\$0

Comments

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